									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOP Effective October 1, 2003									10/7/7,051						
 -		-		U			(12)								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS							Γ	RATE FEE		FEE	7	RATE	F	EE	
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FEE 385.00		35.00	OR	BASIC FEE	770	0.00	
TOTAL CHARGEABLE CLAIMS			14 minus 20=		· Ø			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =		<u> </u>	· · ·		X43=			OR	X86= 86		,]	
MI	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+145=			•	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	L		OR	TOTAL	8.5	56	
	C					_	OTHER	THA	N						
(Column 1) (Colu						(Column 3)		SMALL	ENT	TTY	OR	SMALL	ENTI	Υ	
AMENDMENT A	3/2 water	REMAINING AFTER		HIGH NUME PREVIO	ER	PRESENT EXTRA		RATE		DDI- DNAL		RATE		DI- NAL	
	104/04	AMENDMENT		PAID	OR	CALIFA	L		F	EE			F	EΕ·	
	Total	. 14	Minus	- 2	0_	2	L	X\$-9=			OR	X\$18=	Ш		
	Independent	NTATION OF M	Minus	PENDENT	CL AIM		L	X43=	·		OR	X86≃			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	'	\	
1,8,10,14,								TOTAL DOIT, FEE		\	OR	TOTAL ADDIT, FEE		\top	
		AL	JUII, FEE			• '	AUDII. FEEI								
AMENDMENT B		(Column 1) CLAIMS REMAINING		(Colum HIGHE NUMB		(Column 3) PRESENT	Г		AE	DI-	ſ		AD	DI-	
	7123/04	AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL	_		RATE	TIO	NAL	
	Total	· 14	Minus	- 2	D	3	r	X\$ 9=			OR	X\$18=		-	
	Independent	. 4	Minus	4		2	r	X43=			OR	X86=		一	
V	FIRST PRESE	NTATION OF ML	LTIPLE DEPENDENT CLAIM								<u></u>			\dashv	
								+145= TOTAL			OR	+290=		∸┤	
											OR ,	TOTAL ODIT. FEE			
:		(Column 1)		(Colum		(Column 3)									
J.	•	CLAIMS / REMAINING		HIGHE NUMB		PRESENT	Γ		AD				ADI		
AMENDMENT		AFTER		PREVIO	OR	EXTRA	L	RATE	TIONAL FEE		l	RATE	TION		
	Total	• ३ऽ	Minus	-30	,	= 15	[;	X\$ 9=			OR	X\$18=	75	0	
	Independent	• 5	Minus			-		X43=			OR	X86=	30	0	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		\vdash	115				.000			
+145= OR +290=													_		
** If the entry in column 1 is less than the entry in column 2, wite "O' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFT TOTAL OF ADDIT. FEE													0		
i	he "Highest Num	ber Previously Paid	For (Total or	Independer	nl) is the	highest number (lound	in the app	ropri	ele box	in colu	mn 1.		į	

FORM PTO-875 (Rev. 10/03)